

Company Name _____

Contact _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____ Email _____

Web address _____ Number of employees _____ Year established _____

Is your company minority or woman-owned? ☐ Yes ☐ No

Product description (please include product classification codes if known – SIC, NAICS and/or HS) _____

Who are the typical end users? _____

Please indicate the type of company:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Financial Analyst | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Law Firm | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Agent/Broker/Export Trading Company | <input type="checkbox"/> Service | |

Please indicate which industry categories best describe the company:

- | | | |
|--|---|--|
| <input type="checkbox"/> Aircraft and Parts | <input type="checkbox"/> Education | <input type="checkbox"/> Paper & Related Products |
| <input type="checkbox"/> Analytical Instruments | <input type="checkbox"/> Electric/Electronic Products | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Apparel and Related | <input type="checkbox"/> Environmental Products/Services | <input type="checkbox"/> Plastics & Resins |
| <input type="checkbox"/> Architectural/ Construction/ Engineering Services | <input type="checkbox"/> Franchising | <input type="checkbox"/> Power Distribution Equipment |
| <input type="checkbox"/> Building Products | <input type="checkbox"/> Home Furnishings & Gift Items | <input type="checkbox"/> Sporting Goods & Recreational Equipment |
| <input type="checkbox"/> Chemicals & Allied Products | <input type="checkbox"/> Industrial Materials & Equipment | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Computer Equipment & Software | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Used/Remanufactured |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Motor Vehicle Parts/Service | |

Please indicate the range in which the company's annual sales fall:

- ☐
- \$0 - \$100,000
- ☐
- \$100,000 - \$1 million
- ☐
- \$1 million - \$5 million
- ☐
- Over \$5 million

Percentage of annual sales represented by exports? _____

Please indicate all world regions to which the company CURRENTLY EXPORTS:

- | | | |
|---|--|---|
| <input type="checkbox"/> North America (Please indicate Canada and/or Mexico) | <input type="checkbox"/> Central/Eastern Europe | <input type="checkbox"/> Asia |
| <input type="checkbox"/> Latin America | <input type="checkbox"/> NIS (former Soviet republics) | <input type="checkbox"/> Oceania (Australia, New Zealand) |
| <input type="checkbox"/> Western Europe | <input type="checkbox"/> Middle East | |
| | <input type="checkbox"/> Africa | |

Please indicate all world regions to which the company is interested in DEVELOPING FUTURE EXPORTS:

- | | | |
|---|--|---|
| <input type="checkbox"/> North America (Canada, Mexico) | <input type="checkbox"/> Central/Eastern Europe | <input type="checkbox"/> Africa |
| <input type="checkbox"/> Latin America | <input type="checkbox"/> NIS (former Soviet republics) | <input type="checkbox"/> Asia |
| <input type="checkbox"/> Western Europe | <input type="checkbox"/> Middle East | <input type="checkbox"/> Oceania (Australia, New Zealand) |

Preferred method of market entry: ☐ Direct Sales ☐ Agent/Distributor ☐ Joint Venture/Strategic Alliance ☐ Technical ExchangeDoes the company have a foreign parent company? ☐ Yes ☐ No If yes, in what country? _____Any foreign offices or subsidiaries? ☐ Yes ☐ No If yes, in what countries? _____

Please indicate the services provided by the Office of International Marketing in which you would be interested:

- | | | |
|---|---|--|
| <input type="checkbox"/> International Sales Counseling | <input type="checkbox"/> International Financial Assistance | <input type="checkbox"/> Foreign Trade Missions |
| <input type="checkbox"/> Market Research | <input type="checkbox"/> International Trade Shows | <input type="checkbox"/> Strategic Alliance Program |
| <input type="checkbox"/> Foreign Company Background Check | <input type="checkbox"/> Catalog Shows | <input type="checkbox"/> Made in Missouri Catalogs |
| | <input type="checkbox"/> Agent/Distributor Search | <input type="checkbox"/> Foreign Government Contacts |

Where did you hear about our office? _____

Which staff member contacted you for this information? _____

Please send your completed profile to the Office of International Marketing, PO Box 118, Jefferson City, MO 65109.

Telephone: (573) 751-4855 Fax: (573) 526-1567 Email: missouri@mail.state.mo.us

Feel free to include additional information that you deem useful, or a product brochure.